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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET N	NO. CONFIRMATION NO.
10/525,143	02/16/2005		Mike Xiaoli Ma		0005178	5589
TITLE OF INVENTION	N: TWIST-OPEN CLOS	URE HAVING INCLINI	ED FRANGIBLE MEME	RANE		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	E FEE TOTAL FEE(S)	DUE DATE DUE .
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/04/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
CARTAGEN	A, MELVIN A	3754	222-521000	_	•	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).						mes P. Hanrath
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  (1) the names of up to 3 registere or agents OR, alternatively,					t attorneys	am K. Sacharof
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a rejistered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	AND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or t	me)	·	
PLEASE NOTE: Un recordation as set for	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee eletion of this form is NO	data will appear on the T a substitute for filing a	patent. If an assign	ce is identified below, the	he document has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAMEO F ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Portola Packaging, Inc. 951 Douglas Road, Batavia, Illinois 6051						
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